

Please Direct All Correspondence to Customer Number **20995**



AMENDMENT / RESPONSE TRANSMITTAL

Applicant : Paul P. Latta
App. No : 10/823,263
Filed : April 13, 2004
For : A METHOD OF TREATMENT OF
DIABETES THROUGH INDUCTION
OF IMMUNOLOGICAL TOLERANCE
Examiner : Michail A. Belyavski
Art Unit : 1644

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

May 6, 2005

(Date)

Daniel E. Altman
Daniel E. Altman, Reg. No. 34,115

Mail Stop Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

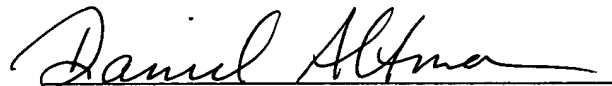
- (X) AMENDMENT in 13 pages.
- (X) Declaration of David Scharp, M.D. Under 37 CFR 1.132 in 9 pages with:
 - (X) Exhibit A in 32 pages.
 - (X) Appendix I in 2 pages.
 - (X) Appendix II in 18 pages.
- (X) An Information Disclosure Statement and Form SB/08 listing 7 references.
- (X) The present application qualifies for small entity status under 37 C.F.R. § 1.27.

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The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Total Claims	14 - 20 = 0	2202 (\$25)	0 x 25 =	\$0
Independent Claims	1 - 3 =	2201 (\$100)	x 100 =	\$0
Multiple Claim		2203 (\$180)		\$
1 Month Extension		2251 (\$60)		\$60
2 Month Extension		2252 (\$225)		\$
3 Month Extension		2253 (\$510)		\$
			TOTAL FEE DUE	\$60

- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.
- (X) A check in the amount of \$60 is enclosed.
- (X) Return prepaid postcard.
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



Daniel E. Altman
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Attorney of Record
Customer No. 20,995
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